

within the medical systems of sub-Saharan Africa.

My extensive travels to Africa have included visits to HIV/AIDS clinics and other health care facilities, and I have long been concerned about global health issues including HIV/AIDS, malaria, and maternal health. It is disturbing, to say the least, to visit district hospitals in remote areas of Africa that have only one or two pints of blood in their refrigerator and to see rooms filled with expectant mothers and emaciated children experiencing an emergency.

One also has to experience a long drive on the narrow sub-Saharan two-lane highways to appreciate the significant danger of serious road accidents and the resulting need for blood to save the injured. One dodges past overloaded trucks broken down in the middle of the road and passes within feet of adults and children walking on the road's edge, intermingled with goats and other livestock. The increased dangers and health crises in Africa call for increased means to address them, including adequate and safe supplies of blood.

A medical benefit related to safe blood that I have long promoted is umbilical cord-blood stem cells. On December 20, 2005, the Stem Cell Therapeutic and Research Act of 2005, which I sponsored, was signed into law. This law provides \$265 million for life saving stem cell therapy, cord blood and bone marrow transplant. Today, in America, umbilical cord blood stem cells and adult stem cells are curing people of a myriad of terrible conditions and diseases.

One of my greatest hopes is that these current-day miracles will become common medical practice and available to tens of thousands of I patients, including one day to the peoples of sub-Saharan Africa. This hope is inspired by people who have overcome incredible odds thanks to cord blood stem cells transplants, like Keone Penn who was born with severe sickle cell anemia. Sickle cell anemia afflicts more than 70,000 Americans and a disproportionate number of African-Americans. It is also a serious problem in Africa. According to a WHO report on sickle cell anemia, over 200,000 infants are born each year with sickle cell disease in Africa.

After years of suffering, when no other treatments worked, Keone's doctors decided as a measure of last resort to perform a transplant with cord blood from an unrelated donor. This was the first time such a transplant had been tried for sickle cell disease, and it proved successful. One year after the transplant, Keone's doctors pronounced him cured.

Cord blood stem cells hold enormous promise, and have already been used to treat thousands of patients of more than 67 diseases. This potential should not be limited to the developed world, but should also be explored for the benefit of the peoples in Africa and around the world.

My good friend and colleague Congressman CHAKAH FATTAH knows of my interest in health issues in Africa, and shares my related interest in cord blood stem cell research and medical treatments. Therefore, I was happy to take up his suggestion that the Sub-committee on Africa, Global Human Rights and International Operations conduct a hearing on the availability of safe blood transfusions in Africa.

In its recent report for FY 2007, the House Appropriations Committee expressed its continued concern about the existence of unsafe blood as a source of HIV infection in the de-

veloping world. The report notes that contaminated blood is of particular concern for women who require a blood transfusion to address complications from pregnancy and childbirth and for children whose lives are threatened by anemia.

Based on these concerns, the Committee requested that the Office of the Global AIDS Coordinator, together with the Agency for International Development, the Department of Health and Human Services and other relevant parties, develop a comprehensive multi-year strategy for the PEPFAR focus countries. The strategy should aim at achieving a sufficient supply of blood for each country's needs, the recruitment of voluntary, non-remunerated blood donors, universal testing of donated blood for infectious diseases, and the reduction of unnecessary transfusions. A separate strategy is requested for non-focus countries that would provide for the standardized operation and control of blood collection, adequate training, documentation and assessment measures.

The hearing provided the opportunity to examine the extent of the current need in sub-Saharan Africa for an adequate and safe supply of blood. We heard from our distinguished witnesses about the challenges as well as the opportunities that this region faces in providing this essential medical service. We also learned about what we need to do to overcome the difficulties and the best means to accomplish our common goal: a safe and adequate supply of blood to meet the needs of the people of Africa.

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NATIONAL SURVIVORS DAY,  
JUNE 28, 2006

**HON. CORRINE BROWN**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 28, 2006*

Ms. CORRINE BROWN of Florida. Mr. Speaker, I rise to discuss the roundtable discussion held today that brought together representatives of Veterans' Widows International Network, Gold Star Wives, National Association of Uniformed Services, Military Officers Association of America, Vietnam Veterans of America and other veteran survivor organizations.

I made this statement to them today:

I want to thank Edmee Hills, Ron Armstead and the entire VWIN for organizing this 2nd Annual Conference on widow, survivors and family members.

I believe that June 28 should be made into a National Day of Recognition for all Veterans Survivors.

As you say in your proposed proclamation—since the days more than 200 years ago, servicemen's spouses have followed their husbands from place to place within the United States as well as overseas. These women, who during their husbands' active duty career, unselfishly made great sacrifices to insure the support and welfare of our armed forces on the local and national levels.

These women, and today, the men who are here on the homefront, are the mental lifeline today's soldiers need to stay grounded in an insane situation: WAR.

Gone are the days, or they should be, when a soldier's usefulness ended when his service

ended. The families are great resources and should be treated as such.

I am a cosponsor of two bills regarding the Survivors Benefit Plan.

H.R. 808, the Military Surviving Spouses Equity Act, which repeals provisions to require the offset of amounts paid in dependency and indemnity compensation from Survivor Benefit Plan annuities for the surviving spouses of former military personnel who are entitled to military pay or retired pay.

H.R. 968, to change the effective date for paid-up coverage under the military Survivor Benefit Plan from October 1, 2008. It should be covered now. Survivors should not have to deal with the bureaucracy and their grief.

In addition, I am a cosponsor of H.R. 1573, a bill to provide that the increase of \$250 per month in the rate of monthly dependency and indemnity compensation (DIC) payable to a surviving spouse of a member of the Armed Forces who dies on active duty or as a result of a service-connected disability shall be paid for so long as there are minor children, rather than only for two years.

I am glad you are all here to discuss the many issues of concern to survivors and I am willing to listen to your suggestions.

In addition, I would like to acknowledge the participants in this year's roundtable discussion:

Ron Armstead, Anthony Hawkins, Edmee Hills, Sharon Hayes, Kathleen Moakley, Deedre Parke Hollowman, Joyce Karas, Eva Golleher, Dorothy Eng, Rose Lee, Marianne Nugent, Patricia Sharp, Regina Matson, Etta McAfee, Eunice Luke, Patricia Kreigel, Cynthia Dawkins, Leslie Tjarks, Elsie Ryan and Suzanne Melin.

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CELEBRATING THE 133RD ANNIVERSARY OF THE VILLAGE OF BROOKLYN, ILLINOIS

**HON. JERRY F. COSTELLO**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 28, 2006*

Mr. COSTELLO. Mr. Speaker, I rise today to ask my colleagues to join me in recognizing the 133rd anniversary of the incorporation of the Village of Brooklyn, Illinois, the first and oldest African-American town in the United States.

Around the year, 1829, a group of 11 African-American families, some free, some fugitive slaves, crossed the Mississippi River from Missouri and settled in the area that would become Brooklyn, Illinois. The community continued to grow as it attracted both escaped slaves and free African-Americans from the St. Louis area and neighboring states. The thriving settlement was platted and named, Brooklyn, in 1837.

During Brooklyn's early years, before the Civil War, African-Americans had no ability to vote or petition for the incorporation of their community. With the ratification of the Thirteenth Amendment to the Constitution in 1865, the Fourteenth Amendment in 1868 and the Fifteenth Amendment in 1870, African-Americans gained the legal rights of citizenship. Shortly after these events, on July 8, 1873, the citizens of Brooklyn petitioned to incorporate. An election was called and, by unanimous vote, Brooklyn was incorporated as a village in St. Clair County, Illinois.